



CG-9 INDIANA CHARITY GAMING LICENSE SINGLE EVENT FINANCIAL REPORT

State Form 45388 (R3 / 09-06)

INDIANA GAMING COMMISSION

INSTRUCTIONS: This report **must** be filed by organizations having charity game licenses other than an Annual Bingo License. It must be mailed to the Commission within 10 days following this event.

Organization's Name (Please Type or Print)

Street Address of Principal Office (Do not enter a P.O. Box Number)

City

State

Zip Code

County

Organization Telephone Number
()

Indiana Nonprofit Tax Registration Number

Contact Person for Your Organization

Contact Person's Phone Number
()

Report Information

Section A

Enter the single event license number _____

What kind of license was used for this single event? (Check One)

- | | | | |
|------------------------------------------------|-----------------------------------------------------|-------------------------------------------|--------------------------------------------|
| <input type="checkbox"/> Special Bingo License | <input type="checkbox"/> Raffle License | <input type="checkbox"/> Festival License | <input type="checkbox"/> Annual Door Prize |
| <input type="checkbox"/> Door Prize License | <input type="checkbox"/> Charity Game Night License | <input type="checkbox"/> Calendar Raffle | <input type="checkbox"/> Water Raffle |

Beginning date of single event ____/____/____

This report should show all financial and accounting activity related to the single event license checked above. This includes income and expenses related to raffles, door prizes, card or dice games, and the sale of pull tabs, punchboards, and tip boards sold at the event. You must also include income and expenses related to the sale of food, novelties, etc. sold specifically at the event.

Income and Expense Summary

Gross Income

Income Sources:

Bingo

Pull Tabs

Punchboards

Tip boards

Raffles

Door Prize

Concessions

Dice, Card and Wheel Games

Other Gross Income

(Attach itemized sheet or listing)

SUBTOTAL

Section B

Totals

Total Gross Income *add Lines 1-9..

*This amount will be used to calculate your fee. Also, partially exempt nonprofit organizations should refer to the annual income tax return, Form IT-20NP, and the Charity Gaming Publication #2 concerning the taxability of this income.

Total Expenses from Line 25

Total net proceeds available
charitable purposes (A minus B) ...

Dollars Cents

1.

2.

3.

4.

5.

7.

8.

A

C

Expenses

Dollars Cents

Bingo

Pull Tabs

Punchboards

Tip Boards

Raffles

Door Prize

Dice, Card and Wheel Games

Supplies and Purchases:

Bingo Game Supplies

Pull Tabs, Punchboards, and

Tip Board Purchases

Other Purchases

Miscellaneous Expenses:

Rent to Independent Lessor

Rental of Tangible Personal Property
(i.e. chairs, tables,
roulette wheel, bingo blower, etc.) ...

Advertising

Concessions

Other Gaming Related Expenses

Qualified Personal Property

Tent Rental

Total Expenses: Add Lines 10 through
26. Enter here and on Line B of Section
B

*****Do not alter lines on this form.**

The following is considered Bingo Income: Hotball, Pickle Jar,
Cookie Jar, etc.

The sales of daubers or other retail sales should be listed on Line 9.

Charitable Contributions Information

		Dollars	Cents
26. Net proceeds from Line C of the Income and Expense Summary, Section B, page 2.....	26.		
27a. Amount from Line 26 <u>distributed</u> for charitable purposes.....	27a.		
These contributions <u>must</u> be made to organization(s)/(individual(s)) other than your own. Details from these contributions need to be reported on Schedule CG-DIST.			
b. Amount from Line 26 <u>retained</u> for and/or spent on your organization.....	27b.		
These funds must have been used for the lawful purpose of your organization. A detailed listing of how these funds were spent or were set aside for a specific use should be kept with your records.			
c. Add the amounts from Lines 27a and 27b and enter total here.....	27c.		
28. Undistributed balance (<i>Line 26 minus Line 27c</i>).....	28.		

Manufacturer and Distributor Information

29. List the manufacturer(s) and/or distributor(s) from whom you purchased bingo supplies, pull tabs, punchboards, and/or tip boards. Attach additional sheets if necessary.

Name	Address	City	State	Zip Code	License Number

Financial Information

30. Where are the charity gaming financial records maintained?

Address		
City	State	Zip Code

31. Name, address, and telephone number of the person maintaining these records.
(This person must be listed as an operator on Form CG-3.)

Name			
Address			
City	State	Zip Code	Daytime Telephone Number ()

32. Organization's Banking Information (*Attach additional sheets if necessary.*)

Name of Bank			
Street Address			
City	State	Zip Code	County
Name of Account	Account Number	Type of Account (Checking, savings, CD)	
Name of Account	Account Number	Type of Account (Checking, savings, CD)	

License Renewal Fees	
Professional License	\$150
Continuing Education Fee	\$20
Application Fee	\$50
Exam Fee	\$100
Renewal Fee	\$100
Initial Fee	\$200
Transfer Fee	\$100
Reinstatement Fee	\$100
Reciprocity Fee	\$100
Specialty Fee	\$100
Temporary License Fee	\$50
Volunteer License Fee	\$50
Waiver Fee	\$50
Withdrawal Fee	\$50
Other Fees	\$50

The first license fee in any license category is \$50.

For the next license in this same category, the license renewal fee is based on the gross receipts from the previous event held in this category.

Example: An organization paid the \$50 license fee and conducted a raffle event. Later that year, this group wanted to conduct another raffle event. The license fee would be based on the gross receipts from the previous raffle license. This same group wants to conduct a festival event. Because this will be the first time the organization has received a license in the festival license category, the license fee will be \$50.

If the amount on Line A of Section B is:		
At least	But Less Than	The renewal fee is:
\$ 0	\$ 15,000	\$ 50
\$ 15,000	\$ 25,000	\$ 100
\$ 25,000	\$ 50,000	\$ 300
\$ 50,000	\$ 75,000	\$ 400
\$ 75,000	\$ 100,000	\$ 700
\$ 100,000	\$ 150,000	\$ 1000
\$ 150,000	\$ 200,000	\$ 1,500
\$ 200,000	\$ 250,000	\$ 1,800
\$ 250,000	\$ 300,000	\$ 2,500
\$ 300,000	\$ 400,000	\$ 3,250
\$ 400,000	\$ 500,000	\$ 5,000
\$ 500,000	\$ 750,000	\$ 6,750
\$ 750,000	\$ 1,000,000	\$ 9,000
\$ 1,000,000	\$ 1,250,000	\$ 11,000
\$ 1,250,000	\$ 1,500,000	\$ 13,000
\$ 1,500,000	\$ 1,750,000	\$ 15,000
\$ 1,750,000	\$ 2,000,000	\$ 17,000
\$ 2,000,000	\$ 2,250,000	\$ 19,000
\$ 2,250,000	\$ 2,500,000	\$ 21,000
\$ 2,500,000	\$ 3,000,000	\$ 24,000
\$ 3,000,000	\$ -----	\$ 26,000

But Less Than

wal fee is:

\$ 0	\$ 15,000	\$ 50
\$ 15,000	\$ 25,000	\$ 100
\$ 25,000	\$ 50,000	\$ 300
\$ 50,000	\$ 75,000	\$ 400
\$ 75,000	\$ 100,000	\$ 700
\$ 100,000	\$ 150,000	\$ 1000
\$ 150,000	\$ 200,000	\$ 1,500
\$ 200,000	\$ 250,000	\$ 1,800
\$ 250,000	\$ 300,000	\$ 2,500
\$ 300,000	\$ 400,000	\$ 3,250
\$ 400,000	\$ 500,000	\$ 5,000
\$ 500,000	\$ 750,000	\$ 6,750
\$ 750,000	\$ 1,000,000	\$ 9,000
\$ 1,000,000	\$ 1,250,000	\$ 11,000
\$ 1,250,000	\$ 1,500,000	\$ 13,000
\$ 1,500,000	\$ 1,750,000	\$ 15,000
\$ 1,750,000	\$ 2,000,000	\$ 17,000
\$ 2,000,000	\$ 2,250,000	\$ 19,000
\$ 2,250,000	\$ 2,500,000	\$ 21,000
\$ 2,500,000	\$ 3,000,000	\$ 24,000
\$ 3,000,000	\$ -----	\$ 26,000

1. Enter the **Total Gross Income** from Line A of Section B on Page 2 of this form.....

\$
2. Find this amount on the chart to the left in order to determine the dollar amount of your license renewal fee.
3. Enter the corresponding renewal fee here.....

\$
4. **The amount directly above is what you must send with the next license application in order to conduct this event in the future.**

Keep a copy of this financial report for your records. You will need it if you want to conduct this event in the future.

Signature and Notary Statement

Under the penalty of perjury, I have examined this report and, to the best of my knowledge and belief, it is true, complete and correct. I also have attached charitable contribution listing, Schedule CG-DIST, if applicable.

Signature of Presiding Officer _____ Date _____ ()
Daytime Telephone Number _____

Subscribed and sworn to before me, a Notary Public in and for _____ County, State of Indiana,
this _____ day of _____, 20____.

Notary Public, Written Signature	Notary Public, Printed Name
My Commission Expires:	County of Residence:

Mail the completed report and any remittance for the renewal license to:
Indiana Gaming Commission, Charity Gaming Division, 115 W. Washington St., Suite 950, Indianapolis, IN 46204